

THE CITY OF COLUMBIA CITY

1840 Second Street / PO Box 189

Columbia City, OR 97018

Phone: 503-397-4010

SIDEWALK REPAIR PERMIT

Date _____

Name of Applicant/Permittee Contact Phone Number Email

Name of Property Owner adjacent to sidewalk being repaired

Property Owner Mailing Address City/State/Zip

Name of Person doing work if other than Applicant or Property Owner Contact Phone Number

1. This permit is hereby issued to the above applicant for repairing or altering sidewalk within the right-of-way of a Columbia City street adjacent to property located at: _____.
2. Type or kind of repairs to be made: _____.
3. Materials to be used: _____.
4. A performance security in a form acceptable by the City in an amount approved by the City Administrator/Recorder may be required. From this security shall be deducted the expense, if any, incurred by the City in cleaning up and removing material and debris and restoring the public right-of-way to the condition it was in prior to the work being started. The balance, if any, shall be returned to the person posting the security after work is complete and the right-of-way has been restored to as good order and condition as the property was in immediately prior to the time work was undertaken.
5. In addition, the contractor, applicant/permittee or property owner shall provide the City with proof of general liability and workers' compensation insurance with an aggregate coverage of \$1,500,000 for personal injury/death and \$500,000 for property damage, naming the City as an additional insured.
6. The Public Works Superintendent shall be notified before any work commences, contact 503-366-0454 or 503-397-4010. Work shall be completed within 60 days from the date of issuance of this permit and sidewalks shall be reconstructed, altered and repaired in accordance with the attached standards and specifications. Reference Ordinance No. 05-605-O, 05-604-O, CCDC Chapter 7.92.060 and City of Salem Standards.
7. This permit is not valid until signed by Public Works Superintendent or City Administrator/Recorder.

Applicant/Permittee's Signature Date

OFFICE USE

Approval by City Representative/Title Issue Date Expiration Date

_____ A certificate of insurance has been received.

_____ Performance assurance in the amount of _____ has been approved and received, if necessary.

Date Locates called in: _____ WO # for locates: _____ WO # for Permit: _____

Permit Closed Date: _____ Approved by _____